

Collection Point: Entry

Projects/grants: PATH

Clients who are: Head of Households & Adults

“*” Required Fields

1 Client Demographics

First Name:* <input style="width: 90%;" type="text"/>		Last Name:* <input style="width: 90%;" type="text"/>	
Middle Name: <input style="width: 90%;" type="text"/>		Suffix: <input style="width: 90%;" type="text"/>	
HoH: * <input style="width: 90%;" type="text"/>			

Name Data Quality:*

☐ Full Name Reported

☐ Partial, or Street Name

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

Social Security Number:*

☐ Full SSN Reported

☐ Approximate or Partial SSN

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

Birthdate:*

☐ Full DOB Reported

☐ Approximate or Partial DOB

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

Gender:*

☐ Male ☐ Female

☐ Transgender Female to Male

☐ Transgender Male to Female

☐ Gender Non-Conforming (i.e. not exclusively male or female)

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

Race:* (Select all that apply)

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

Ethnicity:*

☐ Hispanic/Latino

☐ Non-Hispanic/Latino

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

If Female, Pregnancy Status:*

☐ Yes Due Date:

☐ No

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

Veteran Status:* (18 & over)

☐ Yes ☐ No

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

Relationship to Head of Household:*

☐ Self

☐ Spouse

☐ Daughter

☐ Son

☐ Dependent Child

☐ Other Family Member

☐ Other Non-Family Member

Client Contact Information:

Email: Home Phone:

2 Project Enrollment

Project Start Date:* <input style="width: 150px;" type="text"/>		Case Manager: <input style="width: 150px;" type="text"/>	
Date of Engagement: <input style="width: 150px;" type="text"/>		Client became enrolled in PATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date PATH Status Determined <input style="width: 150px;" type="text"/>			
If yes here, skip to Section 3 (below); if “no”, provide reason. —>		Reason not enrolled in PATH? <input type="checkbox"/> Found ineligible for PATH <input type="checkbox"/> Not enrolled for other reason(s)	

3 Entry Assessment

Disabling Condition:* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	Client Location (The CoC the client is being served in):* <table style="width: 100%;"> <tr> <td><input type="checkbox"/> (GA-500) Atlanta</td> <td><input type="checkbox"/> (GA-501) Balance of State</td> </tr> <tr> <td><input type="checkbox"/> (GA-502) Fulton County</td> <td><input type="checkbox"/> (GA-503) Athens/Clarke County</td> </tr> <tr> <td><input type="checkbox"/> (GA-504) Augusta</td> <td><input type="checkbox"/> (GA-505) Columbus/Russell County</td> </tr> <tr> <td><input type="checkbox"/> (GA-506) Marietta/Cobb</td> <td><input type="checkbox"/> (GA-507) Savannah/Chatham County</td> </tr> <tr> <td><input type="checkbox"/> (GA-508) DeKalb County</td> <td></td> </tr> </table>	<input type="checkbox"/> (GA-500) Atlanta	<input type="checkbox"/> (GA-501) Balance of State	<input type="checkbox"/> (GA-502) Fulton County	<input type="checkbox"/> (GA-503) Athens/Clarke County	<input type="checkbox"/> (GA-504) Augusta	<input type="checkbox"/> (GA-505) Columbus/Russell County	<input type="checkbox"/> (GA-506) Marietta/Cobb	<input type="checkbox"/> (GA-507) Savannah/Chatham County	<input type="checkbox"/> (GA-508) DeKalb County	
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<input type="checkbox"/> (GA-508) DeKalb County											

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Health Insurance:*

Covered by Health Insurance: *

☐ Yes

☐ No

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

If client has Health Insurance, check all that apply below:

☐ Private

☐ Private - Employer

☐ Private - Individual

☐ Medicare

☐ Medicaid

☐ Health insurance obtained through COBRA

☐ State Children's Health Insurance Program S-CHIP

☐ Military Insurance

☐ State Funded

☐ Combined Children's Health Insurance/Medicaid Program

☐ Indian Health Service (IHS)

☐ Other Public

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Connection with SOAR:*

P4 Connection with Soar?*

☐ Yes

☐ No

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

8

Barriers/Special Needs:*

Identify whether a client has each individual barrier or not.

Alcohol Abuse*

☐ Client Doesn't Know

☐ Client Refused ☐ No ☐ Yes

☐ Data Not Collected

→
If "Yes",
answer
this:

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:

☐ No

☐ Yes

☐ Client Refused

☐ Client Doesn't Know

☐ Data Not Collected

Chronic Health Condition*

☐ Client Doesn't Know

☐ Client Refused ☐ No ☐ Yes

☐ Data Not Collected

→
If "Yes",
answer
this:

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:

☐ No

☐ Yes

☐ Client Refused

☐ Client Doesn't Know

☐ Data Not Collected

Drug Abuse*

☐ Client Doesn't Know

☐ Client Refused ☐ No ☐ Yes

☐ Data Not Collected

→
If "Yes",
answer
this:

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:

☐ No

☐ Yes

☐ Client Refused

☐ Client Doesn't Know

☐ Data Not Collected

Mental Health*

☐ Client Doesn't Know

☐ Client Refused ☐ No ☐ Yes

☐ Data Not Collected

→
If "Yes",
answer
this:

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:

☐ No

☐ Yes

☐ Client Refused

☐ Client Doesn't Know

☐ Data Not Collected

Physical Disability*

☐ Client Doesn't Know

☐ Client Refused ☐ No ☐ Yes

☐ Data Not Collected

→
If "Yes",
answer
this:

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:

☐ No

☐ Yes

☐ Client Refused

☐ Client Doesn't Know

☐ Data Not Collected

Developmental Disability*

☐ Client Doesn't Know

☐ Client Refused ☐ No ☐ Yes

☐ Data Not Collected

These two elements don't need to collect
"Substantially impedes the individual's
ability to live independently."

HIV/AIDS*

☐ Client Doesn't Know

☐ Client Refused ☐ No ☐ Yes

☐ Data Not Collected